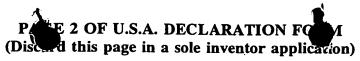
As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe th	at I am the o	riginal first an	d sole inventor (i	f only one	name is	listed he	elow) or an original.	First and joint inventor
(if plural inventors are nam	ned below) of	the subject ma	atter which is clai	med and t	for which	a patent	t is sought on the inv	
l METHOD FOR MA described and claimed in t			STRIBUTION W	TTH RE	PURNAB	LE CON	VIAINERS	
Cheek one			plication Serial N	o. 09/98	32 , 991	and a	mended on	;
JAN 2 3 2002 C			•			_	(if appl	icable)
I hereby state that by the property of the pro	t I have revied to above.	wed and under	stand the content	s of the al	oove-iden	tified ap	plication, including t	ne claims, as amended
I acknowledge the accordance with Title 37, application(s) filed within	Code of Feder	al Regulations	, §1.56(a). Under	Title 35	which is U.S. Code	material e §119, ti	to the examination he priority benefits of	of this application in the following foreign
Japanese Pat	ent Appli	cation No.	. 2000-325,5	34 fil	ed on	Octob	œr 25, 2000	
The following ap	plications for than one year	patent or inver prior to this ap	ntor's certificate of polication, or (b) b	n this inverge of the	ention we filing date	ere filed e of the a	in countries foreign (above-named foreign	o the United States of priority application(s):
2 If there are no correspo insert "NONE".	nding applicat	tions,						
I hereby appoint to transact all business in			s of record with fu	di power o	of substitt	ition and	revocation to prosect	ite this application and
Roger W. Parkhu	ırst, Reg. No.	25,177; Charle	s A. Wendel, Re	g. No. 24,	453; and	or Lawre	ence D. Eisen, Reg. l	No. 41,009
ALL CORRI TO PARKHURST Telephone: (703) 73	& WEND							OULD BE SENT ginia 22314-2805
I hereby declare knowledge are true and th with the knowledge that v Title 18 of the United State	at all statemen villful false sta	nts made on influtements and the	formation and bel he like so made a	ief are bel re punisha	ieved to able by fi	be true; a	and further that these prisonment, or both,	under Section 1001 of
3 Typewritten Full Name	of	So					KAWAMURA	•
Sole or First Inventor		Given	Name	Mic	ddle Initia	al	Family N	ame
*4 Inventor's Signature	1				\sim	Ja,	Kamamri	
"4 Inventor's Signature		Decembe:	r	18,		2001	, comerno	
5 Date of Signature	☞	Month			Day		Year	·
(B. 1)	Kasugai		Aichi Pr	ef	•	Japa	an	
6 Residence	City	inese	State or Province				Country	
	·		TNICLIT APPARA	T (TIT)	2 50	C.,.3-	Cho Mizzho V	11
8 Post Office Add (Insert complete							-Cho, Mizuho-K	u,
address, includin		_Nagoya	City, Aichi	Pref.,	Japar	1		

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.



Second Joint Inventor (if any)	Shige	ci	URAI							
second John Liverior (ii ally)	Given N		Middle Initial							
4 Inventor's Signature	•	\$1.	in Ri Chrai	Family Name						
4 inventor's Signature			go Conac							
5 Date of Signature	December Month	18,	7	2001						
			Day		Year					
6 Residence	Nagoya City,	Aichi Pref., State or Province	Ja <u>r</u>							
7 Citizenship	City Japanese	State of Province	•	Country						
Post Office Address (Insert complete mailing	2-609, Kifu	2-609, Kifune 2-Chome, Meito-Ku, Nagoya City,								
address, including countr	y) <u>Aichi Pref.</u>	, Japan								
Typewritten Full Name of Third Joint Inventor (if any)	Isao		AGEKUR/	A						
	Given Na	me Middle	e Initial	Family Name						
4 Inventor's Signature 🖙			an Cish							
5 Date of Signature	December	18,	2001							
	Month		Day	· · · · · · · · · · · · · · · · · · ·	Year					
5 Residence	Toyonaka City	, Osaka,	Japar	ı						
	City	State or Province		Country						
7 Citizenship	<u>Japanese</u>									
Post Office Address (Insert complete mailing address, including countr		shinden, Toyonaka	City, Osaka,	Japan	 					
3 Typewritten Full Name of			-	-						
Fourth Joint Inventor (if any)	Osamu		KIMIZ	ZUKA						
	Given Na	me Middle	e Initial	Family Name						
Inventor's Signature 🖙		- A	Famuel	Emizue	e-					
5 Date of Signature	December	18,	2001							
	Month		Day		Year					
6 Residence	Toyoake City,	Aichi Pref.,	Jap	oan						
Citizenship	City Japanese	y State or Province		Country	·					
B Post Office Address	1551-3, Gokenya, Zengo-Cho, Toyoake City,									
(Insert complete mailing address, including country			-							
3 Typewritten Full Name of										
Fifth Joint Inventor (if any)	Given Na	ILL:14 om	e Initial	Famile Man-						
	Given Na	me Middle	ะ ทฤกฐา	Family Name	•					
Inventor's Signature										
<u> </u>			Day		Year					
	Month		,							
Date of Signature				<u> </u>						
	Month	State or Province		Country						

^{**}This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.